MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/868547

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
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9		/					59							
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14	/						64							
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17		/					67							
18	/						68							
19		/					69							
20		/					70							
21		/					71							
22		2					72		arga					
23		2					73							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	20	←		←		←	TOTAL IND.		←		←		←	
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	25						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)